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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

11

|                                          |                   |
|------------------------------------------|-------------------|
| Application Number                       | 10/820,240        |
| Filing Date                              | April 6, 2004     |
| First Named Inventor                     | Greenberg, et al. |
| Art Unit                                 | 3766              |
| Examiner Name                            | J.L. Reidel       |
| Total Number of Pages in This Submission | S293-USA          |

### ENCLOSURES (Check all that apply)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>1. Request for Correction of Inventorship<br>2. Correction of Inventorship (2)<br>3. Declaration w/2 Supplemental Pages<br>4. Copy of Fee Transmittal |
| <input type="text"/> Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                                     |          |        |
|--------------|-------------------------------------|----------|--------|
| Firm Name    | SECOND SIGHT MEDICAL PRODUCTS, INC. |          |        |
| Signature    |                                     |          |        |
| Printed name | Scott B. Dunbar                     |          |        |
| Date         | October 10, 2006                    | Reg. No. | 37,124 |

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |              |      |                  |
|-----------------------|--------------|------|------------------|
| Signature             |              |      |                  |
| Typed or printed name | Deanna Fintz | Date | October 10, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.  
 Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 130)

### Complete if Known

|                      |                   |
|----------------------|-------------------|
| Application Number   | 10/820,240        |
| Filing Date          | April 6, 2004     |
| First Named Inventor | Greenberg, et al. |
| Examiner Name        | J.L. Reidel       |
| Art Unit             | 3766              |
| Attorney Docket No.  | S293-USA          |

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 50-0922 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |              | SEARCH FEES |              | EXAMINATION FEES |              |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|
|                  | Fee (\$)    | Small Entity | Fee (\$)    | Small Entity | Fee (\$)         | Small Entity |
| Utility          | 300         | 150          | 500         | 250          | 200              | 100          |
| Design           | 200         | 100          | 100         | 50           | 130              | 65           |
| Plant            | 200         | 100          | 300         | 150          | 160              | 80           |
| Reissue          | 300         | 150          | 500         | 250          | 600              | 300          |
| Provisional      | 200         | 100          | 0           | 0            | 0                | 0            |

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

##### Small Entity

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

##### Total Claims Extra Claims Fee (\$) Fee Paid (\$)

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

##### Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

##### Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

Fees Paid (\$)

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Correction of Inventorship Processing Fee 37 CFR 1.17(i)

130

### SUBMITTED BY

|                   |                                                                                     |                                             |                          |
|-------------------|-------------------------------------------------------------------------------------|---------------------------------------------|--------------------------|
| Signature         |  | Registration No. 37,124<br>(Attorney/Agent) | Telephone (818) 833-5055 |
| Name (Print/Type) | Scott B. Dunbar                                                                     |                                             | Date October 10, 2006    |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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|                  |                   |                   |             |
|------------------|-------------------|-------------------|-------------|
| Applicants:      | Greenberg, et al. | Art Unit:         | 3766        |
| Application No.: | 10/820,240        | Examiner:         | J.L. Reidel |
| Filed:           | April 6, 2004     | Confirmation No.: | 7467        |
| Docket No.:      | S293-USA          |                   |             |
| Customer No.:    | 28284             |                   |             |

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For: Retinal Prosthesis With Side Mounted Inductive Coil

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**Certificate of Mailing**

Commissioner for Patents  
P. O. Box 1450  
Alexandria VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
Commissioner for Patents

P. O. Box 1450, Alexandria  
VA 22313-1450

On October 10, 2006

Deanne B. Fintz

**Request for Correction of Inventorship under 37 C.F.R. § 1.48(a)**

Dear Sir:

In view of the papers filed with the United States Patent and Trademark Office on April 19, 2006, it has been found that this non-provisional application, as filed, through error and without deceptive intent, improperly set forth the inventorship, and accordingly, this application has been corrected in compliance with 37 C.F.R. § 1.48(a). The inventorship of this application has been changed by adding Brian V. Mech, Ph.D. as a joint inventor to the inventors Robert J. Greenberg, M.D., Ph.D., James S. Little, Da Yu Chang, and Kevin Wilkin.

Attached to this request are:

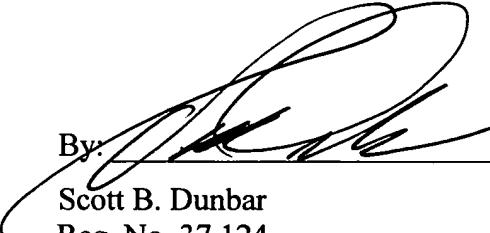
- a) A statement from Brian V. Mech, Ph.D. being added as an inventor that the error in inventorship occurred without deceptive intention on his part;
- b) An oath or declaration by the actual inventors as required by 37 C.F.R. § 1.63;
- c) Processing fee set forth in 37 C.F.R. § 1.17(i); and

d) A written consent of the assignee Second Sight Medical Products, Inc.

An assignment has been executed by the named inventors to Second Sight Medical Products, Inc.

It is respectfully requested that the application be forwarded to the Office of Initial Patent Examination (OIPE) for issuance of a corrected filing receipt, and correction of Office records to reflect the inventorship as corrected.

Respectfully submitted,

By: 

Scott B. Dunbar  
Reg. No. 37,124  
Second Sight Medical Products, Inc.  
12744 San Fernando Road  
Building 3  
Sylmar CA 91342  
Phone (818) 833-5055  
Fax (818) 833-5080

October 10, 2006

Date

Enclosures:

Statement  
Oath or Declaration  
Fee Transmittal  
Consent of the Assignee



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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|                  |                   |                   |             |
|------------------|-------------------|-------------------|-------------|
| Applicants:      | Greenberg, et al. | Art Unit:         | 3766        |
| Application No.: | 10/820,240        | Examiner:         | J.L. Reidel |
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For: Retinal Prosthesis With Side Mounted Inductive Coil

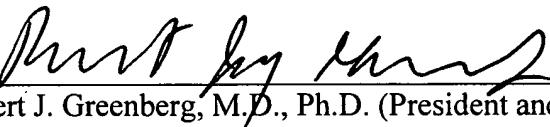
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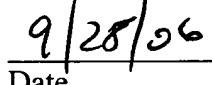
**Correction of Inventorship Under 37 C.F.R. § 1.48(a)**

Written Consent of the Assignee Second Sight Medical Products, Inc.

Second Sight Medical Products, Inc. gives hereby the consent to add Brian V. Mech, Ph.D. as an inventor and thereby to correct the inventorship under 37 C.F.R. § 1.48(a) in the above-identified application.

SECOND SIGHT MEDICAL PRODUCTS, INC.

  
\_\_\_\_\_  
Robert J. Greenberg, M.D., Ph.D. (President and CEO)

  
\_\_\_\_\_  
Date

Second Sight Medical Products, Inc.  
12744 San Fernando Road  
Building 3  
Sylmar, California 91342



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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|                  |                   |                   |             |
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For: Retinal Prosthesis With Side Mounted Inductive Coil

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**Correction of Inventorship Under 37 C.F.R. § 1.48(a)**

Statement of Lack of Deceptive Intention from a person being added as an Inventor

I, Brian V. Mech, Ph.D. hereby state that the inventorship error in the above-identified patent application occurred without deceptive intention on my part.

  
\_\_\_\_\_  
Brian V. Mech, Ph.D.

9/28/06  
\_\_\_\_\_  
Date